



ROGERS ACTIVITY CENTER

Membership/Program: _____

Refund Policy: No Refunds or Transfers
Registration fees and Membership fees are non-refundable and non-transferrable.
Memberships cannot be changed, upgraded, discounted or refunded.

Print Name (Parent/Guardian): _____

Parent/Guardian Signature: _____

Participants Name: _____

Address _____ City: _____ State: _____ Zip : _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Gender: _____ Date of Birth: _____ Grade: _____ School: _____

Emergency contact: (Other than the parent or guardian)

1st Contact: _____ Relation: _____ Phone: _____

2nd Contact:: _____ Relation: _____ Phone: _____

For Youth Sports Programs Only:

What is your T-shirt size? YS YM YL AS AM AL AXL

Are you willing to be a volunteer coach? (Please circle)

☐ **YES**, I can volunteer as a **Head Coach**. ☐ **YES**, I can volunteer as an **Assistant Coach**.

☐ **NO**, I am unable to volunteer at this time.

☐ I agree to allow my child's name and contact information to be released to Rogers
Public School coaches.

Signature: _____ **Date:** _____

STAFF USE ONLY: (TOTAL OF PURCHASE)

Staff Initials: _____ **TOTAL** = _____